

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3191  
Registrar's No. 00075

4002

BIRTH NO. REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 3063

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give town) Clayton c. LENGTH OF STAY (In this place) YRS-37 d. FULL NAME OF HOSPITAL OR INSTITUTION 7831 Lafon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) 4372 d. STREET ADDRESS (If rural, give location) 7831 Lafon	
3. NAME OF DECEASED a. (First) Edward b. (Middle) S. c. (Last) Barnard		4. DATE OF DEATH (Month) (Day) (Year) Jan. 8 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 13, 1864
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME William W. Barnardd	
13b. MOTHER'S MAIDEN NAME Eliza M. P. Shurlds		14. NAME OF HUSBAND OR WIFE Minnie Barnard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Mary Louisa C. Mihm		ADDRESS 7831 Lafon	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		334X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 9, 1946, to Jan 8, 1950, that I last saw the deceased alive on Jan 7, 1950, and that death occurred at 7:45 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Barrett L. Tausig		23b. ADDRESS 4500 Olive St.	
23c. DATE SIGNED Jan 9, 50		23d. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23e. LOCATION (City, town, or county) (State) St. Louis, Mo.		23f. DATE REC'D BY LOCAL REG. 1-9-50	
23g. REGISTRAR'S SIGNATURE Herbert R. ...		23h. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 646 Chippewa St.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. B. L. Taussig  
4500 Olive St.  
FD 3800  
WY 1143

2 to 5:00

10:30 to 12  
every day

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.